### FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

# FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90060 032 \*\*\*\*61.25

3. Date Incorporated or Qualifed

## **DOCUMENT # N21142**

1. Corporation Name

### ZION CHRISTIAN CHURCH, INC.

Principal Place of Business
891 COPLY ST., S.E.
PALM BAY FL 32909
US

Mailing Address

<b>—</b> '	lace of Business 2a. Mailing Address				3. Date Incorporated or Qualifed 06/15/1987						
21		26]				I Number			Ann	lied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				-2846159			<del></del>	Applicable	
22		27			38	2040 100		¢0			
City & Stat	e	City & State	City & State			rtifcate of Status Desired	ate of Status Desired S8.75 Additional Fee Required				
Zip	Country Zip				6. Ele	ection Campaign Financing	i	\$5	.00 N	May Be	
24	25	29	30		Tru	ust Fund Contribution		Ad	ded to	Fees	
=:1	9. Name and Address of Current	Registered Agent	· .		10. Na	ime and Address of New Regi	stered	Agent			
			81	Name							
LAMOUT COLO				20 Current Address (D.O. Carrent State of the Arrent State of the Stat							
WRIGHT, ERIC				82 Street Address (P.O. Box Number is Not Acceptable)							
1200 HILLTOP CT. S.W.				83							
Palm bay	/ FL 32909		03								
			84	City			FL	85	Zip C	ode	
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of im familiar with, and accept the obligat	of Florida, Such change was a ions of, Section 617.0503, Flo	orida Statutes	the corpo	oration's board	or directors. I hereby accept the	appoi	changi ntment	ng its r as reg	egistered istered	
010111111111111111111111111111111111111	Signature, typed or printed name of registered agent			nt signature r	required when reinst		DATE	ID DID	-0±00	20 11 42	
12.	OFFICERS ANI		13.		ADI	DITIONS/CHANGES TO OFFICE	RS AN				
TITLE	TD	☐ DELETE	1.1 TITLE					☐ Cł	ange	Addition	
NAME	KOZACK, GERALD		1.2 NAME								
STREET ADDRESS	315 HIBISCUS TRAIL		1.3 STREE	T ADDRESS							
CITY-ST-ZIP	MELBOURNE FL 32951		1.4 CETY-S	T-ZIP							
TITLE	OP	☐ DELETE	2.1 TITLE					Ch	ange	☐ Addition	
NAME	WRIGHT, ERIC		2.2 NAME		}						
	4000 1881 TOD OT 0441 /			TADDRESS							
STREET ADDRESS											
CITY-ST-ZIP	PALM BAY FL	DELETE	2, 4 CITY-1	51-AP	771			<b>√</b> Ct	ange	Addition	
TITLE	DV	X DECE IE			אַל	E-IA-IS					
NAME	OLINSKI, LANCE A	• •	3.2 NAME		PANL	EVANS HAZEL ST. N	w.)				
STREET ADDRESS	1118 SAPPHIRE ST. SE		3.3 STREE	TADDRESS	1321	* *					
CITY-ST-ZIP	PALM BAY FL 32909		3.4. CfTY-	ST-ZIP	Paren	BAY, Fr. 320	10 1			T Addition	
TITLE	)	☐ DELETE	4.1 TITLE			• •		☐ C+	st.rde	Addition	
NAME	İ		4. 2 NAME								
STREET ADDRESS			4.3 STREE	T ADDRESS							
CITY-ST-ZIP			4.4 CITY-5	T-ZIP							
TITLE		☐ DELETE	5.1 TITLE				-		nange	☐ Addition	
NAME			5.2 NAME								
STREET ADORESS			5.3 STREE	T ADDRESS							
	1		5.4 CITY-S	T-ZIP							
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			<del></del>		□ Ct	ange	Addition	
			6.2 NAME					_	-	_	
NAME				T ADDRESS							
STREET ADDRESS			6.3 STREE	I ALLUKESS							

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

-1216